

Title	<b>New form to challenge recommendations under Penal Code section 2972.1</b> (adopt form CR-170)
Summary	The proposed form CR-170 is to be used for a mentally disordered offender to indicate whether he or she will challenge recommendation under Penal Code section 1606 for continued confinement or out-patient treatment.
Source	Criminal Law Advisory Committee
Staff	Joshua Weinstein, 415-865-7688
Discussion	<p>Certain mentally disordered offenders may be allowed to receive treatment on an out-patient status for one year. (Pen. Code § 2972.1(a).) At the end of that year, the medical director of the treatment facility must recommend whether the offender be confined to a treatment facility, discharged from treatment, or be allowed to continue out-patient treatment. (Pen. Code, §§ 1606 and 2972.1(a).) The mentally disordered offender may challenge the recommendation, with the issue resolved by a jury. (Pen. Code, § 2972.1(d).) Penal Code section 2972.1(c)(1) provides that the mentally disordered offender or the attorney for a mentally disordered offender must submit a form to the court indicating whether the mentally disordered offender seeks to challenge the recommendation.</p> <p>The proposed form tracks the statutory language required for the form and would serve as the notice indicating whether the mentally disordered offender intends to challenge the recommendation.</p>
	Attachments

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, state bar number, and address</i> ):	<b>FOR COURT USE ONLY</b>
TELEPHONE NO.: FAX NO.:	
ATTORNEY FOR ( <i>Name</i> ):	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>	
<b>PEOPLE OF THE STATE OF CALIFORNIA</b>	
VS.	
DEFENDANT:	
Date of birth: _____ California Dept. of Corrections No. ( <i>if applicable</i> ): _____	
<b>NOTIFICATION OF DECISION WHETHER TO CHALLENGE RECOMMENDATION (Pen. Code, § 2972.1)</b>	CASE NUMBER(S):

1. Defendant (*name*):  
has met and conferred with counsel regarding the Penal Code section 1606 report recommending confinement or continued outpatient treatment.
- Check One:
- ☐ I do not believe that I need further treatment and I demand a jury trial to decide this question.
- ☐ I accept the recommendation that I continue treatment.

Date:

(TYPE OR PRINT NAME)

►

(SIGNATURE OF DEFENDANT)

2. I am counsel for the about named defendant. I certify that I have explained the report and recommendation to the defendant.
- ☐ The defendant signed this form as indicated above.
- ☐ The defendant has refused or is unable to sign this form.

Date:

(TYPE OR PRINT NAME)

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(SIGNATURE OF ATTORNEY)